Powers (G. H.)

CATARACT EXTRACTION

WITHOUT IRIDECTOMY.

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BY

GEO. H. POWERS, A. M., M. D. (Harvard)

Professor of Ophthalmology and Otology in the University of California.

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CATARACT EXTRACTION WITHOUT IRIDECTOMY.

A quarter of a century ago, the operation of extraction of hard cataract was made through a semicircular flap, involving from a third to a half of the whole cornea—the incision made wholly in the transparent cornea. A little more than twenty years ago, Von Graefe introduced his operation, by linear incision in the sclera, combined with a free iridectomy and removal of the lens by a scoop. This operation, greatly modified to suit individual ideas, was speedily adopted by nearly every operator in ophthalmic surgery the world over, and held complete sway until quite lately. Now, however, the reaction seems to have set in, and there is a gradual swinging back of the pendulum towards the old flap operation. Dissatisfied with the unsightly coloboma of iris left by the modified Graefe operation, and finding no better optical results than I obtained in the early days of my practice when I used the flap operation, I returned to a modification of the old flap method, about two years ago, and have had ample reason to be satisfied with the results.

I make my puncture and counter-puncture with the narrow Graefe knife, a trifle above the plane of the center of the pupil, and close to the sclero-corneal junction, bringing the knife forward and upward in such a manner that the line of the incision lies, at its highest point, about midway between the upper margin of the pupil and the edge of the cornea. The resulting scar is very nearly a straight line, and is hardly

perceptible a month after the operation. There is in most cases no difficulty in incising the capsule through the pupil, and in tilting and bringing forward the lens by two curettes—one above the wound and one below the cornea—making gentle pressure and sliding motion to assist the lens in passing through the pupil. Always looking for a way to extract the capsule as well as the lens, I succeeded in one case in grasping with forceps the capsule after the lens had made its exit, and in removing the entire capsule, leaving brilliantly clear the intra-ocular media.

Of course, there are cases to which the operation with iridectomy is better applicable, and, equally of course, after commencing the operation it becomes necessary to remove a portion of iris, or an attack ot iritis may render a subsequent operation necessary; but when the iridectomy can be avoided, the optical and cosmetic effects are vastly better.

I have presented at former meetings of this Society several of these cases after operation, and there are now, within reach of this city, fifteen cases upon which I have operated, in which the operated eye can, with difficulty only, be selected from its fellow.

Two of the cases were ladies, in whom cataract had developed early in one eye (in each case the LEFT eye), without probability of its appearance in the other eye, and it was the more important that the operated eye should not be disfigured. The result in these two cases was simply perfect.

I have, in no case, failed to get as good result as could have been expected by the method with iridectomy in my hands, and I believe that with the use of cocaine, to which I have had recourse in all the above cases, the iridectomy before extraction may be relegated to the past.

215 GEARY STREET, SAN FRANCISCO, CAL.